

01- R -0864

Entered - 05/21/01- sb
CL01L0323 - DIANNE C. MITCHELL

CLAIM OF: MARTA
2424 Piedmont Road
Atlanta, Georgia 30324-3330

For damages alleged to have been sustained as a result of a vehicular
accident on March 20, 2001 at Campbellton Road and Mt. Gilead
Road.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

ADVERSED BY
CITY COUNCIL JUN 18 2001

ADVERSE REPORT

PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE: 6/12/01

CHAIR: C. T. [Signature]

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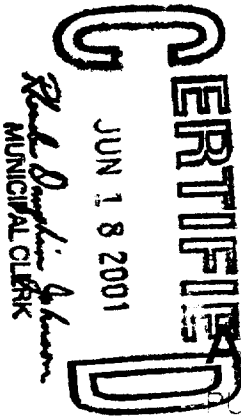
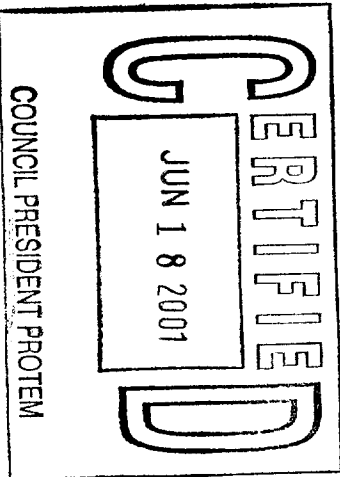
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**CITY OF ATLANTA
OFFICE OF MUNICIPAL CLERK**

**RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK**

June 20, 2001

**55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103**

Marta
2424 Piedmont Road
Atlanta, Georgia 30324-3330

01-R-0864

Dear MARTA:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on June 18, 2001. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0323

Date: May 30, 2001

Claimant /Victim MARTA

BY: (Atty)(Ins. Co.) _____

Address: 2424 Piedmont Road, Atlanta, Georgia 30324-3330

Subrogation: _____ Claim for Property damage \$ _____ Bodily Injury \$ 2,187.07

Date of Notice: 05/17/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 03/20/01 Place: Campbellton Road and Mt. Gilead Road

Department _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant is attempting to subrogate for Worker's Compensation benefits paid to its employee due to an vehicular accident with a vehicle owned by Fulton County. Fulton County is a separate legal entity from the City of Atlanta. The claimant has been advised of same and advised to pursue its claim with Fulton County.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

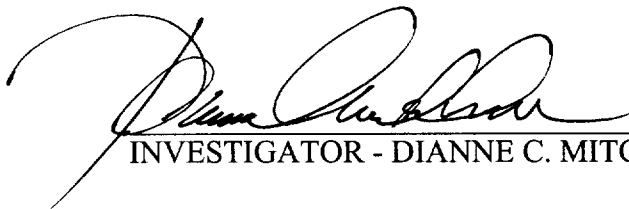
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 06-01-01

Committee Action: _____ Council Action _____

M Mitchell
05/17/01
DM

May 15, 2001

City of Atlanta
Dept of Law, Ste 4100
City Hall Tower
68 Mitchell Street
Atlanta, GA 30335

ENTERED - 5-21-01 - SB
01L0323 - DIANNE MITCHELL

Claim #: 1-5076-A02-15
Date of Accident: 03/20/01
Claimant: Johnny McBurrows
Your Client: Paul Seifert

Dear Claims Department:

Our investigation reveals that your insured is responsible for the above-referenced accident.

Please let this serve as formal notice of any and all subrogation rights which MARTA may have in workers' compensation and/or tort related claims as provided by Georgia Law.

The undersigned will be responsible for handling the workers' compensation subrogation claim. Please acknowledge receipt of this correspondence. Our worker's compensation lien to date totals \$2,187.07. Should you have any questions, please feel free to contact me at (404) 848-4952.

Sincerely,

Marc Walthour
Disability Adjuster III
404-848-4952



-0864

RCS# 2946
6/18/01
1:53 PM

Atlanta City Council

Regular Session

CONSENT

Pages 1 thur 10

YEAS: 13
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 2
EXCUSED: 0
ABSENT 1

SEE ATTACHED LISTING OF
ITEMS ADOPTED/ADVERSED
ON CONSENT AGENDA

Y McCarty	Y Dorsey	Y Moore	Y Thomas
Y Starnes	NV Woolard	Y Martin	Y Emmons
Y Bond	Y Morris	Y Maddox	Y Alexander
Y Winslow	Y Muller	B Boazman	NV Pitts

ITEM (S) REMOVED FROM
CONSENT AGENDA
01-O-0878
01-O-0880
01-R-0733

CONSENT

06/18/01 Council Meeting

**ITEMS ADOPTED ON
CONSENT AGENDA**

1. 01-O-0850
2. 01-O-0873
3. 01-O-0893
4. 01-O-0879
5. 01-O-0310
6. 01-O-0313
7. 01-O-0657
8. 01-O-0824
9. 01-O-0875
10. 01-O-0877
11. 01-O-0884
12. 01-O-0788
13. 01-O-0789
14. 01-O-0790
15. 01-O-0791
16. 01-O-0876
17. 01-O-0887
18. 01-O-0888
19. 01-R-0882
20. 01-R-0892
21. 01-R-0870
22. 01-R-0181
23. 01-R-0853
24. 01-R-0854
25. 01-R-0858
26. 01-R-0874
27. 01-R-0881
28. 01-R-0856
29. 01-R-0863
30. 01-R-0865
31. 01-R-0866
32. 01-R-0867
33. 01-R-0908

**ITEMS ADVERSED
ON CONSENT AGENDA**

34. 01-R-0859
 35. 01-R-0860
 36. 01-R-0861
 37. 01-R-0862
 38. 01-R-0864
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